ept. Health, STANDARD CERTIFICATE OF DEATH c., & Welfare FILED NOV 22 1957 STATE FILE NUMBER . S. Public Primary Registration District No. ... alth Service Registration District No. .. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before o. STATE Missouri b. COUNTY St. Louis ssion) 1. PLACE OF DEATH v. s∄300 a. COUNTY St. Louis ?ev.∯1–57 b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits 4020 Moline Acres Yes No Moline Acres Yes No TOWN TOWN FULL NAME OF (If NOT in hospital, give location) STREET ADDRESS 9636 Highway 99 Length of stay in 1b d. STREET Reside on Farm HOSPITAL OR 9636 Highway 99 l vear Yes 🗌 No 🛄 3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year (Type or print) 1957 Krone Nov. 11. Clara DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 5hst birthday) Months June 25, 1906 female white WIDOWED . DIVORCED will be listed. 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (City and state or country) KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Home during most of working life, even if retired)
Housewife Cairo, Illinois U.S.A. 13g. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Charles Roeper Christine Rice Ervin H. Krone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 9636 Highway 99 Yes (Top, or unknown) (If yes, give war or dates of service) Mr. Ervin H. Krone Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (9), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, DUE TO (b) which gave rise to above cause (a), stating the underlying couse last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) **WAS AUTOPSY** PERFORMED? 2 YES 🗍 NO 🎏 20a. ACCIDENT SUICIDE HOMICIDE .20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) \Box 20c. TIME OF Hour Month, Day, Year INJURY g.m. 20d. INJURY OCCURRED 20f. CITY, TOWN, OR LOCATION 20s. PLACE OF INJURY (e.g., in or about home, COUNTY STATE WHILE AT AT WORK . farm, factory, street, office bldg., etc.) Doctor, coroner, o 21. I attended the deceased from Death occurred 22a. SIGNATURE 22b./ADDRESS 22c. DATE SIGNED 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (STreily) St. John's Cemetery Nov. 14,1957 St. Louis County, Missouri 24. FUNERAL DIRECTOR **ADDRESS** 25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE Math Hermann & Son. Inc. 2161 E. Fair

STATEMENT BY LICENSED EMBALMER

| I hereby certify that the body whose name is rec | orded on the reverse side of this certificate was embalme |
|--|---|
| by me, or by | , Student Embalmer No. |
| working under my personal supervision. | |

Signature of Student Embelmer

Signature of Student Embelmer

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If embalmed by a STUDENT, he also shall sign in his OWN nandwri If this body is not embalmed, fact should be so stated above.